

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/646932

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	14					
TOTAL DEP.	22					
TOTAL CLAIMS	36					

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS